

## **City of Cincinnati** Income Tax Division

## KNOW ALL MEN BY THESE PRESENT:

That I,	of		County of	
(Name of Grantor)		(Address)	·	
, State (Name of County)	of, ha	ve made, constituted	and appointed, and by	
this document, do hereby appoin	.t	of	,	
• • • • • • • • • • • • • • • • • • • •	(Grantee)		(Address)	
County of(Name of County)	, State of(Name of Sta	, my true and	l lawful attorney in fact,	
for me and in my name and stead	l. I hereby grant unto my said at	ttorney full power and	d authority to do and	
perform any and every act and th	ning that I might or could do, if p	personally present. Il	hereby ratify and confirm	
all that my said attorney shall lav	wfully do or cause to be done by	virtue of this POWE	ER OF ATTORNEY.	
This <b>POWER OF ATTORNEY</b>	is limited for use at the City of	Cincinnati Income T	ax Bureau. I understand	
that the grantee may be permitted	d to view my tax record, including	ng filings and income	received, and I further	
understand that the grantee may	sign agreements and or admit lia	ability on my behalf.	Only the person named in	
the <b>POWER OF ATTORNEY</b> ,	after proper identification shall	have the authority gi	ven by this document.	
IN WITNESS WHEREOF, I ha	ave hereunto set my hand this _	day of	,,	
	·	(day)	(month) (year)	
		Signature	Signature of Grantor	
Be it remembered that the above	named person personally appea	red before me, a ( no	tary / attorney ) in and for	
said County, and acknowledged	that (he/she) did sign the fore	going instrument and	that the same is (his / her )	
voluntary act and deed. In witne	ess whereof, I have subscribed m	y name and official s	eal, this day	
(month) (year)	<u>_</u> ·			
		Signature	of Notary Public	